



ASC Utilization Report  
State Form 49933 (R3/6-05)  
Indiana State Department of Health  
Acute Care

Status: Finalized

I. Center Identification

Organization Name: AMBULATORY SURGERY CENTER AT THE INDIANA EYE CLINIC, LLC

Street Address: 30 N. Emerson Ave.

City: Greenwood

County: IN

Administrator Name: Nathan Gehlhausen

Administrator Email: ngehlhausen@indianaeyeclinic.com

ASC Web Address: www.indianaeyeclinic.com

Fiscal Year: 2017

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3568	3946
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1679	
67028	817	
66821	650	
66982	108	
66761	69	
0191t	68	
65855	58	

67800	56
67840	54
68761	43

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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